

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/595,450
	Filing Date	06/21/2007
	First Named Inventor	Hasan B. Alam, et al.
	Art Unit	3761
	Examiner Name	Ilya Y. Treyger
	Attorney Docket Number	1016720071P

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

The Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc.

Date

Telephone

(301) 424-0800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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